VERMONT DEPARTMENT OF LABOR Vermont Application for Eligibility as a Training Provider under the Workforce Investment Act

Federal EIN	•		Initial Application Renewal
			Address of Prospective Student(s)
		(if known)	
•	Address (if different)		
		2)	
Provider Contact	Person:		
Telephone Numb	Person:er:	3)	
Date:			
The training facili	ty meets the requirements of the Am	ericans with Disa	bilities Act (ADA)?
□ Yes □ No			
Please attach the	following items to the application:		
□ Program cata	og/brochure (specifically, refund, EE	EO and accessibil	lity policies)
☐ Current class	schedule		
package (includir understanding the Vermont list of W	ature: By signing, I hereby certify thang attachments) is accurate as of the at any or all of the items included in the IA-approved training providers. As a sees to comply with Section 188 of the	date of submission he application ma a potential recipien	on. I further certify my by be displayed as part of the nt of funds from WIA this
Certified by:Sig	nature of Authorized Official		
Тур	ped/Printed Name of Signatory		
Sig	natory's Official Title		
Data			

Provider Institution: _____ Program: **Program Category:** (check one) □ Occupational Skills Training ☐ Registered Apprenticeship Program ☐ College Credit Program Type of Training/Service: (check one) ☐ Certificate/Licensure Program: ☐ Associate Degree _____ **Total Hours of Instruction:** ☐ Contact Hours _____ hours ☐ Credit Hours ____ hours Class Size: Minimum ____ Average ____ If the program is intended to prepare the student for licensure/certification list the type of license and the name of the licensing/certifying body. Type of License: Licensing Body: _____ **Program Approvals:** Are students in the program eligible for Pell Grants under Title IV of the Higher Education Act of 1965? ☐ Yes: Date of certification granted by U.S. Department of Education _____ □ No Is this program approved by the Vermont State Board of Education? ☐ Yes ☐ No Is the program approved by the equivalent in any other state? \Box Yes \Box No Which state? _____ Which Agency? _____ Is this program approved by a professional association? ☐ Yes ☐ No Name of professional association?

PROGRAM INFORMATION (page 2-4 must be completed for each program)

Description of the minimum program or GED, other educational requiremen	entry requirements (e.g. reading or math level, high school diplomants):
Brief description of the training progra	am and support services available to student(s)
Cost Information (per semester, per	student)
Semester Tuition (in-state) Semester Tuition (out-of-state) Fees Books (estimate) Uniforms & Tools (estimate) Total Cost (per student in-state) Total Cost (per student out-of-state)	\$ \$ \$ \$ \$ \$
Number of Semesters Required	
Description of discounts or other allow Act customer(s):	vances that will be given to Workforce Investment
Description of financial assistance av	ailable for student(s):
	

If the Vermont Department of Labor, after consultation with the Workforce Development Council (WDC), determines that the training provider intentionally provided inaccurate information or determines the provider substantially violates any requirements of the Workforce Investment Act, eligibility shall be terminated and all funds received for the program during the period of non-compliance shall be repaid.

Performance Information (Complete One Form for Each Program)

relve-month period of performance being reported: From (date) to
nining Provider
ogram
Successful completion rate for all individuals participating in the program during the report period9
Percentage of all individuals completing the program that subsequently entered unsubsidized employment in a job in their field of study %
Average wage at placement of all individuals completing the program. \$ per hour
Percentage of program participants receiving funds authorized under Title I of the Workforce Investment Act who have successfully completed the program and who are placed in employment percent
Percentage of participants receiving funding under Title I of the Workforce Investment Act who are placed and are retained in employment for six months after the first day of employment. percent
Average wage after six months of employment received by participants receiving funding under Title I of the Workforce Investment Act who are placed and are retained in employment for six months after the first day of employment. \$ per hour
Where appropriate, rate of:
Successful Licensure —— %
Successful Professional Certificate —— %
Successful Attainment of Degrees or Equivalent %
Successful Attainment of Other Measures of Skill %
If any other measure of skill, please specify:

Mail Application To: Workforce Development Council c/o Vermont Department of Labor

P.O. Box 488

Montpelier, VT 05601-0488